

## MARCO ISLAND CIVIC ASSOCIATION - RESIDENTS' BEACH

1770 SAN MARCO ROAD #204, MARCO ISLAND, FLORIDA 34145 Phone: 239-642-7778 Fax: 239-642-8663 www.marcocivic.com

## <u>APPLICATION FOR RENTER (1 MONTH OR LONGER) PASS</u> <u>FISCAL YEAR 2019-2020 RESIDENTS' BEACH</u>

PLEASE PRINT LEGIBLY:	
Name	
Home Mailing Address	
Cell Telephone Number	
Email Address	
Enclosed is my check for \$140 prorated. CHECKS SHOULD B	0.00 covering the application fee for a <b>Renter's Residents' Beach pass</b> . Fees are not EMADE PAYABLE TO MICA.
A pass may be issued for a rent	al period of one month or longer, based upon the lease agreement.
I am renting during MICA's fis	tion of Marco Island residency, I will receive <b>a beach pass for the time period for whicl scal year 2019-2020,</b> which will enable me to access the Residents' Beach properties ad MICA's Sarazen Park at 930 Swallow Avenue.
In support of this application, I A copy of the following with my ap	M SUBMITTING HEREWITH PROOF that I qualify for membership by including a legible plication:
	dential property on Marco Island with a term of not less than one month from a real estate property owner. Lease must contain name, address & telephone number of landlord.
Dates of Rental Period:	
Address of Rental Property:	
This application is subject to a three	e-day review period.
membership will be issued to any reside my use only; 5) passes presented for er the individual to whom the pass was is upon request; 7) there is no refund of fe Beach I waive for myself and any of my	nch membership will be granted only to natural persons (not corporations or trusts); 2) not more than onent; 3) membership is non-transferable; 4) my picture will be taken at the MICA office and an ID will be issued for try will not be honored if, upon identification check, it is determined that the individual presenting the pass is not usued, pass will be confiscated; 6) members are required to present photo identification to MICA representatives; 3) by supplying my email address, I authorize MICA to email me information. As a member of the Residents guests any cause of action that may arise for damages of any kind and matter. I understand that any violation of egulations will be grounds for cancellation of my membership. Under penalties of perjury, I declare that I have the facts stated in it are true.
(Date of Application)	(Signature of Applicant)